Fill	in this information to identify your	case:								
	, ,	acduff Barnes								
1	otor 2				_					
Unit	ted States Bankruptcy Court for th	ne: DISTRICT OF MARY	LAND, GREENBELT	DIVISION	1_					
Cas	se number 0:18-bk-12712					Check	if this is:			
(If kn	nown)		_			■ An	amende	d filing		
									ng postpetition on wing date:	chapter 13
	fficial Form 106l					MM	// DD/ Y	YYY		
So	chedule I: Your Ind	come								12/1
	Fill in your employment	On the top of any addition				ase numb	er (if kn	own). Ar		
	information.								illing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed			_	■ Emplo	•		
	employers.	Occupation				<u></u>	Nurse			
	Include part-time, seasonal, or self-employed work.	Employer's name	United States	Secret S	ervi	ce l	Ridgew	ood		
	Occupation may include student homemaker, if it applies.	or Employer's address								
		How long employed the	here? 12 yea	ars			_3	years		
Par	Give Details About Mo	onthly Income								
	mate monthly income as of the o	date you file this form. If y	ou have nothing to re	port for any	y line	, write \$0 ii	n the spa	ice. Inclu	de your non-filir	ng spouse
	u or your non-filing spouse have more, attach a separate sheet to this for		bine the information f	or all emplo	oyers	for that pe	erson on	the lines	below. If you ne	eed more
						For Debte	or 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, saldeductions). If not paid monthly,	•		2.	\$	7,7	25.47	\$	1,619.00	
3.	Estimate and list monthly over	rtime pay.		3.	+\$		0.00	+\$ _	0.00	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	7,725	5.47	\$	1,619.00	

Case 18-12712 Doc 21 Filed 04/25/18 Page 2 of 4

Debt	tor 1	Barnes, Fleance Macduff	_	Case	number (if known)	0:18-bk-12	712
				For	Debtor 1	For Debtor	2 or
						non-filing s	spouse
	Copy	y line 4 here	4.	\$_	7,725.47	\$1	,619.00
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,684.56	\$	265.43
	5b.	Mandatory contributions for retirement plans	5b.	\$_	61.79	\$	0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	463.54	\$	37.18
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00
	5e.	Insurance	5e.	\$_	492.90	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,702.79	\$	302.61
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	5,022.68	\$1	,316.39
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	606.00	\$	0.00
	8b.	Interest and dividends	8b.	\$-	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	* — \$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$-	0.00	\$	0.00
	8e.	Social Security	8e.	\$-	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	— 8g.	\$_	0.00	\$	0.00
	8h.	Other monthly income. Specify: Income Tax Refund	8h.+	\$_		+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,358.51	\$	0.00
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		6,381.19 + \$_	1,316.39	= \$ 7,697.58
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule and de contributions from an unmarried partner, members of your household, your dear friends or relatives. or include any amounts already included in lines 2-10 or amounts that are not available:	ependent				+\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain					\$
13.	Do y	ou expect an increase or decrease within the year after you file this form?	,				Combined monthly income
		No.					
	_	Van Evolain:					

Official Form 106I Schedule I: Your Income page 2

Fill	in this informat	tion to identify you	ır case:					
Debt	tor 1	Fleance Macc		nes		Cheo ■	ck if this is: An amended filing	ving postpetition chapter 13
!	ouse, if filing)						expenses as of the	
Unite	ed States Bankr	uptcy Court for the:	DISTRIC	CT OF MARYLAND, GREEN	ENBELT	-	MM / DD / YYYY	
!	e number 0:	18-bk-12712						
		rm 106J						
		J: Your E			filing to gother bot	المسم مسمط	h, roonensible for	12/1
info	ormation. If me nown). Answ		ded, attac n.	f two married people are h another sheet to this fo				supplying correct ur name and case numbe
1.	Is this a join	it case?						
		s Debtor 2 live in	a separa	te household?				
			file Officia	al Form 106J-2, <i>Expenses t</i>	for Separate Househ	noldof Debto	r 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relating Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		10	□ No ■ Yes
					Son		5	□ No ■ Yes □ No
					Son		1 1/2	☐ No Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other tha d your dependen	an \square	No Yes				
exp	imate your ex		ır bankru	r Expenses ptcy filing date unless yo is filed. If this is a supple				
valu		sistance and hav		overnment assistance if y d it on Schedule I: Your I			Your exp	enses
4.		or home ownershid any rent for the o		es for your residence. In	clude first mortgage	4. \$		1,929.94
	. ,	, ,	ground of 1	ot.		4		
	If not includ					, .		
		state taxes rty, homeowner's,	or renter's	insurance		4a. \$ 4b. \$		0.00
	•	maintenance, rep				4c. \$		234.00
		owner's associatio		• •		4d. \$		0.00
5.	Additional n	nortgage paymer	nts for you	ur residence, such as hom	ne equity loans	5. \$	S	0.00

ebtor 1	Barnes, Fleance Macduff	Case number (if known	0:18-bk-12712
Uti	ities:		
6a.	Electricity, heat, natural gas	6a. \$	288.00
6b.	Water, sewer, garbage collection	6b. \$	219.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	235.00
6d.	Other. Specify: Cell Phone	6d. \$	217.00
Fo	od and housekeeping supplies	7. \$	906.00
	Idcare and children's education costs	8. \$	150.00
_	thing, laundry, and dry cleaning	9. \$	293.00
	sonal care products and services	10. \$	77.00
	dical and dental expenses	11. \$	
	nsportation. Include gas, maintenance, bus or train fare.	π. ψ	93.00
	not include car payments.	12. \$	578.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	157.00
	aritable contributions and religious donations	14. \$	50.00
	urance.	· · · · · · · · · · · · · · · · · · ·	30.00
	not include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15k	. Health insurance	15b. \$	0.00
150	. Vehicle insurance	15c. \$	0.00
	l. Other insurance. Specify:	15d. \$	0.00
	tes. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
Spe	ecify:	16. \$	0.00
	tallment or lease payments: . Car payments for Vehicle 1	17a. \$	300.00
	Car payments for Vehicle 2	17b. \$	
	• •	·	0.00
	Other. Specify:	17c. \$	0.00
	l. Other. Specify:	17d. \$	0.00
	ur payments of alimony, maintenance, and support that you did not report		0.00
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 106 her payments you make to support others who do not live with you.	ι).	0.00
	ecify:	φ <u> </u>	0.00
	erreal property expenses not included in lines 4 or 5 of this form or on $Slpha$		
	. Mortgages on other property	20a. \$	0.00
	. Real estate taxes	20b. \$	56.20
	Property, homeowner's, or renter's insurance	20c. \$	52.00
		20d. \$	
	l. Maintenance, repair, and upkeep expenses . Homeowner's association or condominium dues	·	105.00
		20e. \$	280.00
	er: Specify: Home Depot	21. +\$	100.00
	ase	+\$	100.00
	nerican Express	+\$	100.00
	nfed	+\$	100.00
Pe	ntagon FCU	+\$	100.00
Ca	culate your monthly expenses		
	. Add lines 4 through 21.	\$	6,720.14
	 Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J 		0,120.14
		'	0 = 00 11
220	. Add line 22a and 22b. The result is your monthly expenses.	\$	6,720.14
. Ca	culate your monthly net income.		
238	. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	7,697.58
23k	Copy your monthly expenses from line 22c above.	23b\$	6,720.14
			· -
230	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c. \$	977.44
	you expect an increase or decrease in your expenses within the year after	you file this form?	
For	example, do you expect to finish paying for your car loan within the year or do you expect lification to the terms of your mortgage? No.	your mortgage payment to in	crease or decrease because of a